

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 11/09/2024 |
| Vehicle Reg. No.: | SH8339D | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) | Vehicle Reg. Date: | 24/07/2019 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | G4LEKU298155 | Chassis No: | KMHC851CVKU164676 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 4 | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

| COST OF CLAIMS | Amount |
|--------------------------|-----------------|
| Parts | 2,888.16 |
| Miscellaneous Items | 12.00 |
| Labour | 1,500.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 4,400.16 |
| + GST 9.00% (S\$) | 396.01 |
| Nett Amount (S\$) | 4,796.17 |

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

12:02
imate
dy Part
Miscellan**REPAIR DETAILS****Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Sep 2024)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SH8339D/11/09/2024 12:02

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|-----|-----|----------|-----------------------------|-------|-------|--------------|
| 1 | 1 | | *FRT BUMPER ASSY X R | 20.00 | 0.00 | *481.10 FL |
| 2 | 10 | | *FRT BUMPER CLIPS X | 20.00 | 0.00 | *22.00 FL |
| 3 | 1 | | *FRT FENDER RH X R | 20.00 | 0.00 | *588.80 FL |
| 4 | 1 | | *FRT FENDER EMBLEM RH / R | 20.00 | 0.00 | *26.60 FL |
| 5 | 1 | | *FRT BUMPER SIDE BRACKET RH | 20.00 | 0.00 | *35.00 FL |
| 6 | 1 | | *FRT WHEEL CAP RH / CUT | 20.00 | 0.00 | *346.40 FL |
| 7 | 1 | | *HEADLAMPM ASSR RH X | 20.00 | 0.00 | *2,110.30 FL |

F=Franchise part. L=ListItemDisc.

| | |
|--|----------|
| Sub Total (\$\$) | 3,610.20 |
| - List Item Discount on L Items (\$\$) | 722.04 |
| Total Parts (\$\$) | 2,888.16 |

ComfortDelGro Engineering Pte Ltd/SH8339D/11/09/2024 12:02. Not valid without Reference section.
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Estimates on Miscellaneous Items

| Qty | Particulars | Amount |
|----------------------------|------------------------|--------|
| Miscellaneous Items | | |
| 1 | 1 OD/TP Case (Insurer) | 12.00 |
| Sub Total (\$\$) | | 12.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|--------------------------|--------------------|----------|----------|
| Labour Items | | | |
| 1 | PANEL BEAT | New 380 | 800.00 |
| 2 | SPRAYPAINT CHARGES | New 560 | 600.00 |
| 3 | CHECK WIRING | New X | 50.00 |
| 4 | TUFF KOTE | New X | 50.00 |
| Gross Labour Cost (\$\$) | | | 1,500.00 |

ComfortDelGro Engineering Pte Ltd/SH8339D/11/09/2024 12:02. Not valid without Reference section.
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< END OF ESTIMATES >

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Steve (LKK)

12/9/24 3:00pm

m n

L/S

hy AL ry

2 dys

In: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5953546

JC NO305603478

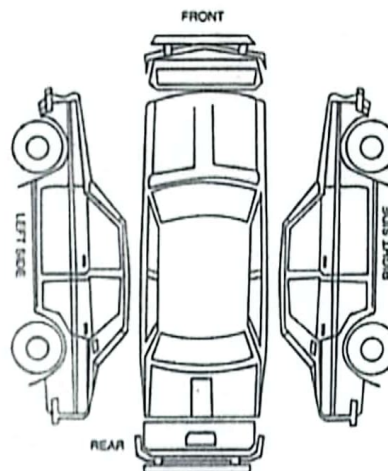
| | | |
|---|-----------------------------------|----------------------------------|
| COMER S COMFORT TRANSPORTATION PTE LTD COMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) | REGN NO: SH 8339D | MILEAGE |
| | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| | MODEL IONIQ(G2) | DATE/TIME IN 11.09.2024 10:00 |
| | YR OF MANU 24.07.2019 | TARGET DATE |
| | CHASSIS CODE KMHC851CVKU164676 | COMPLETION DATE/TIME: |

UNIT CARD NO.

JOB DESCRIPTION

cident Date: 11.09.2024
TURE: 3P.11.09.24

NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.:

SH 8339D

JU TOKIO

SH 8339D

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|-------------------------|
| Date of First Submission | 11/09/2024 14:25 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 11/09/2024 09:25 (SGT) |
| Exact Location of Accident | Bayfront Ave, Singapore |
| Additional Location Information | TOWARDS SUNTEC |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH8339D |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-90624802 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Ae Ioniq |
| Variant | HEV 1.6 DCT |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1580 |
| Vehicle Fuel | Petrol-Electric |
| First Registration Date | - |
| Chassis no | KMHC851CVKU164676 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number | D-24101861MFCT |

DRIVER

Name of Driver TING GUAN YONG
 NRIC No SXXXX556Z
 Date Of Birth 31/12/1961
 Occupation Outdoor
 Driving Pass Date 18/10/1989
 Driving License Pass Class 3
 Driving License Validity Valid
 Driving experience 34 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90624802
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 128A CANBERRA STREET #07-500
 Address complement -
 Postcode 751128
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 11.09.2024 AT ABOUT 0925HRS , VEHICLE A SH8339D WAS ALONG BAYFRONT AVE TOWARDS SUNTEC ON MOST LEFT LANE. VEHICLE B SNE5213C ON MY RIGHT, CUT INTO MY LANE. VEHICLE B LEFT FRONT SIDE SWIPE VEHICLE A RIGHT FRONT. UPON IMPACT I HURT MY NECK AND BACK . SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--|
| Vehicle Registration Number | SNE5213C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | COROLLA ALTIS HYBRID ELEGANCE(AUTO)(2WD) |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | LEFT FRONT |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------------------|
| Name of injured person | TING GUAN YONG |
| Gender | Male |
| Phone No | (Phone) +65-90624802 |
| Address | BLK 128A CANBERRA STREET #07-500 |
| Address Complement | - |
| Post Code | 751128 |
| Approximate Age Years Old | 62 |
| Injuries Sustained | NECK AND BACK |
| Injured person in which vehicle? | SH8339D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

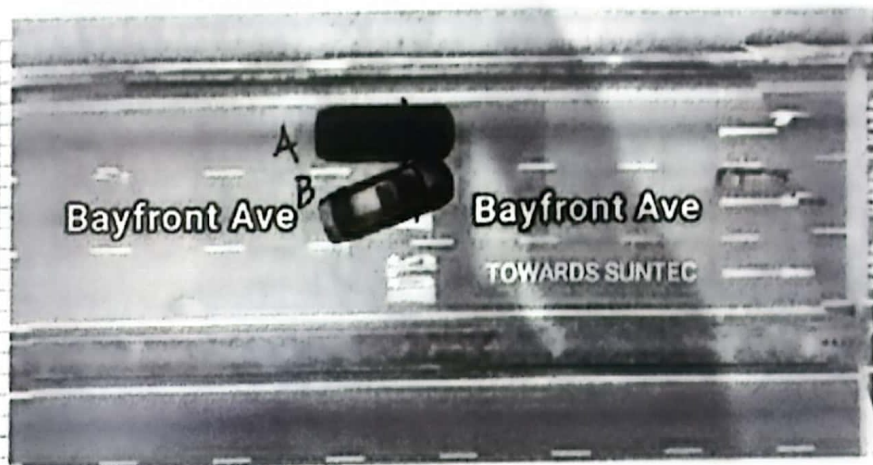
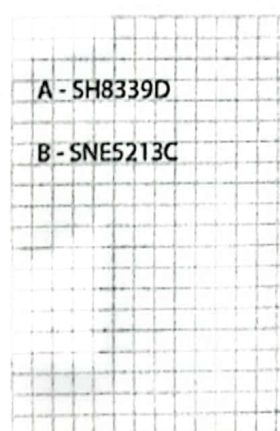
1. Please correctly report the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
(ii) Investigating the accident and/or my claims.
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(Collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
11.09.2024. 1100HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 11.09.2024 AT ABOUT 0925HRS, VEHICLE A SH8339D WAS ALONG BAYFRONT AVE TOWARDS SUNTEC ON MOST LEFT LANE. VEHICLE B SNE5213C ON MY RIGHT, CUT INTO MY LANE. VEHICLE B LEFT FRONT SIDE SWIPE VEHICLE A RIGHT FRONT. UPON IMPACT I HURT MY NECK AND BACK. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 11.09.2024. 1100HRS



Witnessed by Reporting Centre Personnel